

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 08/27/2014**  
**Page: 1 of 1**

**Case Verification Number: 2014239151327MV**

**Case Information:**

**Employee Information:**

|                         |                             |                   |            |
|-------------------------|-----------------------------|-------------------|------------|
| Last Name:              | Mocalim                     | First Name:       | Ali        |
| Middle Initial:         |                             | Other Names Used: |            |
| Social Security Number: | *** ** 0193                 | Date of Birth:    | 02/11/1986 |
| Citizenship Status:     | A lawful permanent resident | Email Address:    |            |

**Document Information:**

|                  |   |
|------------------|---|
| List A Document: | Permanent Resident Card or Alien Registration Receipt Card (Form I-551) |
| Card Number:     | SRC1020451889   |
| Alien Number:    | 061262218   |
|                  | Document Expiration Date:   |
|                  | I-94 Number:  |

**Additional Information:**

|                        |            |                         |            |
|------------------------|------------|-------------------------|------------|
| Hire Date:             | 08/27/2014 | Employer Case ID:       |            |
| Three-Day Rule Reason: |            | Three-Day Rule - Other: |            |
| Submitted By:          | ESAG6409   | Submitted On:           | 08/27/2014 |

**Initial Case Result:**

|                             |  |  |            |
|-----------------------------|--|--|------------|
| Last Name (in DHS records): | MOCALIM  | First Name (in DHS records):               | ALI DEEQ   |
|                             |  | Document Expiration Date (in DHS records): | INDEFINITE |

Case Result: Employment Authorized

**Employee Referred to SSA:**

|              |              |
|--------------|--------------|
| Referred By: | Referred On: |
|--------------|--------------|

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

|              |                |
|--------------|----------------|
| Case Result: | Response Date: |
|--------------|----------------|

**Resubmitted to SSA (after Review and Update Employee Data):**

|                         |                   |
|-------------------------|-------------------|
| Last Name:              | First Name:       |
| Middle Initial:         | Other Names Used: |
| Social Security Number: | Date of Birth:    |
| Resubmitted By:         | Resubmitted On:   |

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

|               |               |
|---------------|---------------|
| Comments:     |               |
| Submitted By: | Submitted On: |

**Case Result from DHS (after DHS Verification in Process):**

|              |                |
|--------------|----------------|
| Case Result: | Response Date: |
|--------------|----------------|

**Employee Referred to DHS:**

|              |              |
|--------------|--------------|
| Referred By: | Referred On: |
|--------------|--------------|

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

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Case Result: Response Date:

**Photo Matching Results:**

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Determination:

**Employee Referred to DHS (Additional):**

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Referred By: Referred On:

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

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Case Result: Response Date:

**Case Closure:**

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Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.  
Closed By: ESAG6409 Closed On: 08/27/2014

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**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Macalim, Ali D

| List A<br>Identity and Employment Authorization           | OR | List B<br>Identity                    | AND | List C<br>Employment Authorization    |
|---|----|---------------------------------------|-----|---------------------------------------|
| Document Title:<br><u>Perm. Res. Card</u>                 |    | Document Title:                       |     | Document Title:                       |
| Issuing Authority:<br><u>USCIS</u>                        |    | Issuing Authority:                    |     | Issuing Authority:                    |
| Document Number:<br><u>JRC1020451889</u>                  |    | Document Number:                      |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):<br><u>7/29/2020</u> |    | Expiration Date (if any)(mm/dd/yyyy): |     | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title:   |    |                                       |     |                                       |
| Issuing Authority:  |    |                                       |     |                                       |
| Document Number:  |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):                     |    |                                       |     |                                       |
| Document Title:   |    |                                       |     |                                       |
| Issuing Authority:  |    |                                       |     |                                       |
| Document Number:  |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):                     |    |                                       |     |                                       |

**3-D Barcode  
Do Not Write in This Space**

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

|   |  |   |   |  |
|---|--|---|---|--|
| Signature of Employer or Authorized Representative<br><u>Emily Theros</u>                               |  | Date (mm/dd/yyyy)<br><u>8/27/2014</u>   | Title of Employer or Authorized Representative<br><u>Office Assistant</u> |  |
| Last Name (Family Name)<br><u>Theros</u>  |  | First Name (Given Name)<br><u>Emily</u> |   | Employer's Business or Organization Name<br><u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u> |
| Employer's Business or Organization Address (Street Number and Name)<br><u>7301 OHMS LANE SUITE 405</u> |  |   | City or Town<br><u>EDINA</u>  | State<br><u>MN</u>   |
|   |  |   | Zip Code<br><u>55439</u>  |  |

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

|                 |                  |                                       |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|                 |                  |                                       |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|   |                    |  |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|   |                    |  |

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

X Ali  
Individual's Name

X 8/27/14  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**